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INDICATION FORM**

Application Number	10/770,517
Filing Date	February 4, 2004
First Named Inventor	ELSEGOOD, Christopher J.
Title	ULTRAVIOLET WATER TREATMENT
Art Unit	1723
Examiner Name	
Attorney Docket Number	PAT 55563-2

I hereby appoint:

☒ Practitioners associated with the Customer Number:

26123

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☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name Christopher J. Elsegood

Signature

Date

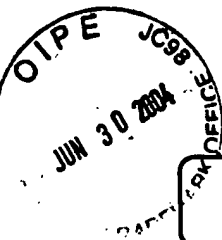
Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

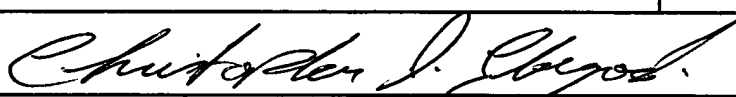
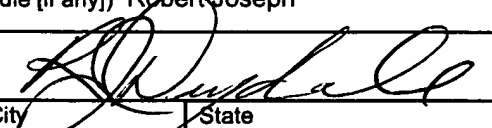
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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 2px;">26123</span>		<input type="checkbox"/> OR <input type="checkbox"/> Correspondence address below	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Christopher J.		Family Name or Surname ELSEGOOD	
Inventor's Signature 		Date 06/25/04	
Residence: City Bayfield	State Ontario	Country Canada	Citizenship Canadian
Mailing Address 76725 Wildwood Line			
City Bayfield	State Ontario	ZIP N0M 1G0	Country Canada
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Robert Joseph		Family Name or Surname DRYSDALE	
Inventor's Signature 		Date 06/25/04	
Residence: City Goderich	State Ontario	Country Canada	Citizenship Canadian
Mailing Address 373 Eldon Street			
City Goderich	State Ontario	ZIP N7A 4K7	Country Canada
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

OTPE JC98  
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# DECLARATION

## ADDITIONAL INVENTOR(S)

Supplemental Sheet PAT 55563-2

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
L. Michael		ROBERTS	
Inventor's Signature		Date 25 JUN 2004	
Residence: City	State	Country	Citizenship
Goderich	Ontario	Canada	Canadian
Mailing Address 56A Stanley Street			
Mailing Address			
City	State	Zip	Country
Goderich	Ontario	N7A 3K5	Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
			Can
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
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